Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8-1 <u>7-20</u> 1 <u>0</u>	Address:	33 EMS B-60A Lane
Case #:	<u>24-31785</u>		Leesburg
County:	Kosciusko		<u>IN</u> DIA <u>NA</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Animonia Reaction(s): open air			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: open air			
Water Reactive Metal (Lithium): open air			
Anhydrous Ammonia: open air			
Tydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: open air			
Other (item and location):			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Mcrchant Tip ☑ Other(<u>L.F.</u>	
This report is to be faxed to the following agencies that serve the location:			
Health Dep	tment: Tippiecanoe TWP partment: Kosciusko County	Fax: <u>574-</u> 4 Fax: <u>(574)</u> Fax:	269-2023
Child Prote	ection Service: <u>n/a</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Jeff Wampler</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.